

Link to:  
OPNAVINST 1300.14C  
(Suitability Screening for Overseas and Remote Duty Assignment)

| REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT                                                                                                                                                                                                                                                                                                              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------|
| MEMBER'S NAME                                                                                                                                                                                                                                                                                                                                              | SSN            | DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |        |
| PRESENT SHIP/STATION                                                                                                                                                                                                                                                                                                                                       | UIC            | OVERSEAS LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | UIC     |        |
|                                                                                                                                                                                                                                                                                                                                                            |                | ISOLATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | [ ] YES | [ ] NO |
| <p>PART I: COMMAND REVIEW - The purpose of the Command Review is to determine, via record review and personal interview, member and spouse/family member(s)' suitability for overseas duty/life in the assigned overseas location. (To be completed by Commanding Officer of transferring command.) <b>Refer to ETM Article 4.012/OTM Article 4.2.</b></p> |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |        |
| 1.                                                                                                                                                                                                                                                                                                                                                         | [ ] YES [ ] NO | <p>Has the member or any spouse/family member(s) previously been reassigned, prior to normal tour completion, due to their unsuitability?</p> <p>[ ] [ ] If "YES," does the reason for the previous reassignment still exist? (Explain in remarks section.)</p>                                                                                                                                                                                                                                                      |         |        |
| 2.                                                                                                                                                                                                                                                                                                                                                         | [ ] [ ]        | <p>Does the member have sufficient OBLISERV to complete the prescribed tour? If "NO", have the member reenlist (NAVPERS1070/601) or execute an extension (NAVPERS 1070/621) to incur sufficient OBLISERV, in accordance with Enlisted Transfer Manual Chapter 4. Page 13 entries for OBLISERV are prohibited. <b>(OBLISERV MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS).</b> For SRB issues see NAVADMIN 271/99.</p>                                                                                       |         |        |
| 3.                                                                                                                                                                                                                                                                                                                                                         | [ ] [ ]        | <p>(E5 and above) Does the member, spouse, or family member(s) have serious problems of indebtedness, credit loss or other financial problems which have not been reconciled with the creditor(s) or interested parties (i.e. bankruptcy)?</p> <p>[ ] [ ] (E4 and below) Has member completed debt-to-income (DTI) ratio screening IAW OPNAVINST 1740.5 (series), (Command Financial Specialist Training Manual 15608 (series))? If DTI ratio is 30% or greater, mark unsuitable or submit waiver IAW ETM 4.012.</p> |         |        |
| 4.                                                                                                                                                                                                                                                                                                                                                         | [ ] [ ]        | <p>a. Has the member been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or had any involvement in any ongoing civil or criminal action?</p> <p>b. Has spouse or any family member(s) been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or have any involvement in any ongoing civil or criminal action?</p>                                                                                                                             |         |        |
| 5.                                                                                                                                                                                                                                                                                                                                                         | [ ] [ ]        | <p>Does the member or spouse/family member(s) have a record of any involvement with illegal drugs or alcohol within the past 24 months? (Exceptions are recent enlistees who received an enlistment waiver or from whom no waiver was required for enlistment). For alcohol related cases, if member has completed an education or early intervention program, they are suitable for overseas assignment.</p>                                                                                                        |         |        |
| 6.                                                                                                                                                                                                                                                                                                                                                         | [ ] [ ]        | <p>Is the member or spouse/family member(s) involved in an open FAP (Family Advocacy Program) case that is still under investigation or for which treatment is still ongoing? (Any case/cases that has/have been adjudicated "Closed," shall not be considered disqualifying.)</p> <p>a. In any case, does local FAP representative favorably endorse member with family members for overseas duty?</p>                                                                                                              |         |        |
| 7.                                                                                                                                                                                                                                                                                                                                                         | [ ] [ ]        | <p>Was the member's spouse previously a member of the armed forces? If yes, and the characterization of separation was other than "Honorable," explain in the remarks section.</p>                                                                                                                                                                                                                                                                                                                                   |         |        |
| 8.                                                                                                                                                                                                                                                                                                                                                         | [ ] [ ]        | <p>Does member/spouse have legal custody of all accompanying minor family members?</p>                                                                                                                                                                                                                                                                                                                                                                                                                               |         |        |

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(1)

| MEMBER'S NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SSN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DATE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>YES    NO</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
| 9. [ ] [ ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Are any of the member's family members covered in a custody agreement? If "NO," go to question 10.                                                                                                                                                                                                                                                                                                                                                                                        |      |
| [ ] [ ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | a. Does agreement prevent removal of family members from CONUS without prior court approval or agreement between the interested parties? If "NO," go to question 10.                                                                                                                                                                                                                                                                                                                      |      |
| [ ] [ ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | b. Has member obtained prior court approval of requisite agreement from other interested party for removal of family members from CONUS, if required by state law? (Please note: Navy policy does not require a separate agreement if not required by state law.)                                                                                                                                                                                                                         |      |
| 10. [ ] [ ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Failure of PFA: will not limit assignment except when member cannot OBLISRV to complete prescribed tour length.                                                                                                                                                                                                                                                                                                                                                                           |      |
| 11. [ ] [ ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Single parents/military couples with family members.) Have family member care requirements been met in accordance with OPNAVINST 1740.4 series?                                                                                                                                                                                                                                                                                                                                          |      |
| NOTE: While the unique situation of single parents with family members is not in itself disqualifying, this fact should be pointed out upon submission of message certification of screening to NAVPERSCOM (PERS-40)/(PERS-51)/(EPMAC.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
| 12. [ ] [ ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FOR PERSONNEL E-3 AND BELOW: Has the member been counseled that personnel in these paygrades, having family members, will not be assigned accompanied overseas duty? Members can be assigned unaccompanied based on readiness needs. (NOTE: Single E-3 and below who acquire (a) family member(s) en route and bring them without dependent entry approval/command sponsorship along, will most probably return them at personal expense and serve the complete area tour unaccompanied.) |      |
| <div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> <span>Member's signature</span> <span>Date</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
| 13. [ ] [ ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Has member received a unsatisfactory or marginal performance mark in the last two (2) years progressing or recommended is suitable?                                                                                                                                                                                                                                                                                                                                                       |      |
| 14. [ ] [ ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Has member and adult dependents received "Level I" Antiterrorism - Force Protection (Level III for O-5/O-6 Commanding Officer Awareness Training), prior to transfer, and recorded on Page 13? (Contact your local Family Service Center if training is not available at your command)                                                                                                                                                                                                    |      |
| REMARKS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
| I, _____, am aware that the failure to divulge disqualifying information or amplifying information (medical/dental/personal) pertaining to the questions on this checklist may ultimately result in disciplinary action punishable under the UCMJ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |
| <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 33%; border-top: 1px solid black; padding-top: 5px;">MEMBER (Signature)</div> <div style="width: 33%; border-top: 1px solid black; padding-top: 5px;">DATE</div> <div style="width: 33%; border-top: 1px solid black; padding-top: 5px;">MEMBER (Name, Rank/Rate)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 33%; border-top: 1px solid black; padding-top: 5px;">INTERVIEWER (Signature)</div> <div style="width: 33%; border-top: 1px solid black; padding-top: 5px;">DATE</div> <div style="width: 33%; border-top: 1px solid black; padding-top: 5px;">INTERVIEWER (Name, Rank/Rate) / (CMD Title)</div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |

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(2)

MEMBER'S NAME

SSN

DATE

PART II: RECOMMENDATION OF COMMANDING OFFICER (OR OIC) OF MEDICAL TREATMENT FACILITY.

Based on the information available as a result of screening and on the capabilities of the Medical/Dental Treatment Facility in the area of assignment to which ordered, the following recommendation is forwarded:

1. Medical, dental and educational screening is conducted per BUMEDINST 1300.2.
2. Recommendation is based on a review of NAVMED 1300/1, Part I and II. One form is completed for each service and family member screened.
3. If a shaded block is checked on NAVMED 1300/1, coordination is required with the gaining MTF/DTF supporting the overseas, remote duty or operational location or with the senior medical department representative of an operational platform. Coordination must indicate whether or not required medical, dental or educational capabilities are available.
4. Family member screening is not required if an unaccompanied tour of 24 months or less (except for Diego Garcia or Souda Bay, Crete).
5. Do not forward sensitive medical or personal information with this form.

The following recommendations are made based on a review of each NAVMED 1300/1, Part I and II, and if required. The response from the gaining MTF/DTF or senior medical department representative of the operational platform:

YES      NO

(   ) (   ) Service member is suitable for this assignment.

(   ) (   ) All family members are suitable for this assignment.

The following family members are not suitable and were referred for Exceptional Family Member Program (EFMP) enrollment:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

(Do not delay screening for EFM determination.)

\_\_\_\_\_  
Signature of CO/OIC or Designee  
of Medical Treatment Facility

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of CO/OIC or Designee  
of Medical Treatment Facility

PART III: COMMANDING OFFICER'S ENDORSEMENT

On the basis of all available information, I endorse \_\_\_\_\_ /I do not endorse \_\_\_\_\_  
(check one) the member's orders for the overseas assignment.

\_\_\_\_\_  
Commanding Officer (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commanding Officer (Name, Rank)

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 USC 301 Departmental Regulations. The information will be used to assist officials and employees of the Department of the Navy in determining your future duty assignment. Completion of the form is mandatory except for duty and home phone numbers; failure to provide required information may result in delay in response to or disapproval of your request.

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(3)

REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

FM SCREENING COMMAND  
TO COMNAVPERSCOM MILLINGTON TN//PERS Division Director i.e. 40/PERS-451 (for all reports)//  
EPMAC NEW ORLEANS LA//70//(for non-designated SN, FN & AN)  
INFO Gaining Overseas Activity  
Gaining Medical Treatment facility if medical problem identified.  
BT  
UNCLAS //N01300//  
MSGID/GENADMIN/SCREENING COMMAND//  
SUBJ/REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT ICO NAME, RANK RATE, SSN//

REF/A/DOC/DATE//  
REF/B/GENADMIN/CNPC or EPMAC/DATE//  
REF/C/type i.e. DOC, LTR, GENADMIN/originator/DATE or Date-time-group//  
NARR/REF A IS ENLTRANSMAN or OFFTRANSMAN, REF B IS ORDERS (include TC no.),  
REF C IS (i.e. correspondence to gaining medical treatment facility for availability of service, etc., if applicable.)//  
POC/NAME/RANK/IDENTIFIER/LOCATION/TEL:// (MANDATORY)  
RMKS/1. OVERSEAS ASSIGNMENT SUITABILITY SCREENING IAW REFS A AND B HAS BEEN COMPLETED. SNM (AND DEPENDENTS if applicable) ARE SUITABLE FOR OVERSEAS ASSIGNMENT:  
A. COMPLETE REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT (NAVPERS 1300/16) WAS FILED IN MEMBER'S SERVICE RECORD AND SIGNED BY NAME/RANK/TITLE/DATE.  
B. APPROPRIATE PAGE 13 ENTRY WAS COMPLETED AND SIGNED BY NAME/RANK/TITLE/DATE.  
C. SNM HAS SUFFICIENT OBLISERV (OR WILL INCUR) TO COMPLETE DOD AREA TOUR LENGTH.  
D. ANTI-TERRORISM TRAINING HAS BEEN COMPLETED AND FILED IN SERVICE RECORD (INCLUDING DEPENDENTS).  
2. \_\_\_ NUMBER OF DAYS TO COMPLETE SCREENING (calculate from date of receipt of Message or from SDS print date)  
A. If more than 30 days required to complete screening, state reason why (Must info ISIC)  
BT

During the screening process if a command realizes that the 30-day period is insufficient because of EFM enrollment, awaiting answers to special needs/services availability or extenuating circumstances then send an INTERM REPORT to the same addresses as listed above.

FIGURE 4C-1

REPORT OF UNSUITABILITY FOR OVERSEAS ASSIGNMENT

FM SCREENING COMMAND  
TO COMNAVPERSCOM MILLINGTON TN//PERS Division Director i.e. 40/PERS-451 (for all reports)//  
EPMAC NEW ORLEANS LA//70//(for non-designated SN, FN & AN)  
Losing MCA  
Gaining MCA  
INTENDED OVERSEAS ACTIVITY  
INFO Intended Medical Treatment facility that cannot handle member or family  
BUMED WASHINGTON DC//31//(if medical unsuitability)  
BT  
UNCLAS //N01300//  
MSGID/GENADMIN/SCREENING COMMAND//  
SUBJ/REPORT OF UNSUITABILITY FOR OVERSEAS ASSIGNMENT ICO NAME, RANK and or RATE, SSN//  
REF/A/DOC/DATE//  
REF/B/GENADMIN/CNPC or EPMAC/DATE//  
REF/C/type i.e. DOC, LTR, GENADMIN/originator/DATE or Date-time-group//  
NARR/REF A IS ENLTRANSMAN or OFFTRANSMAN, REF B IS ORDERS (include TC no.), REF C IS (correspondence to gaining medical treatment facility for unavailability of service, etc.)//  
POC/NAME/RANK/IDENTIFIER/LOCATION/TEL:// (MANDATORY)  
RMKS/1. OVERSEAS ASSIGNMENT SUITABILITY SCREENING IAW REFS A AND B HAS BEEN COMPLETED.SNM IS UNSUITABLE FOR OVERSEAS ASSIGNMENT:

- A. COMPLETE REPORT OF UNSUITABILITY FOR OVERSEAS ASSIGNMENT (NAVPERS 1300/16) WAS FILED IN MEMBER'S SERVICE RECORD AND SIGNED BY NAME/RANK/TITLE/DATE.
  - B. APPROPRIATE PAGE 13 ENTRY WAS COMPLETED AND SIGNED BY NAME/RANK/TITLE/DATE.
  - C. Reason for unsuitability
  - D. Request for waiver and state justification for waiver request.
2. NUMBER OF DAYS TO COMPLETE SCREENING (calculate from date of receipt of Message or from SDS print date)
- A. If more than 30 days required to complete screening, state reason why (Must info ISIC).//
- BT

FIGURE 4C-2